

Optimization of Demographic Bonus Through Smoking Danger Communities to Realize Healthy Generation

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Abstract

In 2020-2030 Indonesia is predicted to enter the Demographic Bonus phase. At present the cigarette excise tax is one of the biggest contributors to the state budget. This is directly proportional to the high number of active smokers in Indonesia. Though cigarettes contain poisons that endanger the health of the younger generation. The above problem makes researchers interested in discussing an idea to provide a development solution to increase the knowledge of the dangers of smoking to children through the Community of Youth Hazards. Smoking is done by promoting referral education, instilling educative reconciliation with two dimensions, constitutional rules and psychological or religious approaches. The purpose of this scientific work is to convey innovative and creative concepts in reducing the frequency of smoking. The method in writing this paper with the study of literature. This Youth Community is a work that focuses on educational reconciliation in optimizing bonus demographics to reduce the frequency of many smoking cases.

Keywords: *Educational Reconciliation, Youth Community, Demographic Bonus, SGDs, Anti Smoking*

1. Introduction

Indonesia is one of the countries with the largest tobacco production in the world. Reporting from the pikiranrakyat.com website (2016) states that Indonesia is ranked 6th after Argentina. This is directly proportional to cigarette excise receipts for the period January 2017-May 2017, which is around Rp. 30.8 trillion (Kontan, 2017). The data shows that the cigarette industry is a source of benefit for the country. Therefore, cigarettes are the main benchmark in increasing the State Revenue and Expenditure Budget. Contributions of cigarettes to the economy make policy habits have not been felt firmly. Indonesia is one of the countries still legalizes the population to smoke. This has an impact on the high number of active smokers. Based on Atlas of Control data in ASEAN reveals more than 30% of Indonesian children start before the age of 10 years. That number reaches 20 million children (bbc.com, 2017).

In fact, there are many cases of children being addicted to cigarettes at that young age. The Ministry of Health said Indonesia faced a threat due to an increase in the number of smokers, especially children and groups teenager. Based on the 2015 Lantern survey as many as 45% of the number of teenagers in Indonesia at the age of 13 to 19 years have smoked. Because of that, this amount has a direct impact on the health of the population of Indonesia.

The cause of the smoking habit is actually not only because of its legality. Another reason is the lack of knowledge about the dangers of smoking. According to research Lilis Nur Silowati (2012) states that there is a significant relationship between the level of knowledge about smoking and the frequency of smoking in early adolescents in Gayam Village, Sukoharjo District, Sukoharjo Regency. The higher the knowledge possessed danger of smoking is that it is possible for children to stay away from cigarettes. Therefore, it is necessary to provide education specifically for children. Remembering beginner smokers who start from children.

Cigarette education in children will support the Ministry of Education and Culture program and the Ministry of Health. Muhadjir Effendi previously planned to develop education on the dangers of smoking implicitly at school. Meanwhile, the Ministry of Health program, the Generation of Healthy Communities will also be supported through learning the dangers of smoking. Furthermore, education about the dangers of smoking includes the effort to realize Sustainable Development Goals number 3 Good Health and Well-Being, namely the realization of health for all ages and promoting healthy living.

Educational of the dangers of smoking in children can be given in various forms. One of them is health promotion by forming a youth association in an organization. Health promotion, based on the Ottawa Charter 1986, is a process that enables people to control and improve their health. Health promotion here

is more of a comprehensive social political process, not only a direct effort to improve skills and abilities, but also direct efforts to improve the physical, social, and reducing environmental conditions.

Furthermore, at the Ottawa Charter it is also known that there are three basic strategies for health promotion, namely advocacy, enabling and mediating efforts. To support the running of the strategy, it is supported by five priority actions, namely building healthy public policies, realizing healthy environmental support, strengthening healthy community behavior, developing individual skills, and improving health service orientation. So, the goals of health are individuals, communities and policy makers.

With the formation of a youth organization, health promotion will work well because in promoting it there are several strategies which will then become concrete actions. In addition, by forming an anti-smoking youth organization, this promotion can become a place of struggle for peers who share the same taste and thoughts about the dangers of smoking. The World Health Organization says that peers are able to influence friends in school to prevent the dangers of smoking. Peer as a reinforcing factor can influence predisposing the attitudes and beliefs of fellow peers in preventing smoking behavior.

Based on some of these quotes, it can be concluded that forming a danger smoking organization can increase the special attraction of peers. Therefore, the authors are interested in forming the idea of the dangers of smoking organizations as an education strategy and health promotion of the dangers of smoking to Indonesian youth. It is expected that this study can be used as an alternative in the development of the smoking hazard strategy to reduce active smokers in Indonesia.

2. Materials And Methods

Writing this article is library research. According to Hasan (2002: 11) library research (literature research) is research conducted using literature (literature), either in the form of journals, books, notes, or research reports from previous research. The source of data from this research is documents. Content Analysis Document is looking for data about various things or variables in the form of notes or transcripts, books, newspapers, magazines (Arikunto, 2010: 275). The data accumulation technique is to analyze various sources such as books, journals research, articles, papers, newspapers, internet or other information related to the research title. After the data is accumulation then analyzed data. Data analysis in this study is to analyze and synthesize documents that will be reviewed and become new ideas in supporting research results.

3. Results and Discussion

The process in the formation of the smoking hazard organization includes preparation, program implementation, program evaluation, and reports. The process flow as shown in the flowchart in diagram 1. This activity is carried out with similar organizations or conducting volunteer selection. The method used to evaluate the success of service activities is using one group pre test and post test. Tests conducted to see the increase in knowledge and attitudes of peer educators after training and knowledge and attitudes of peer groups after peer assistance.

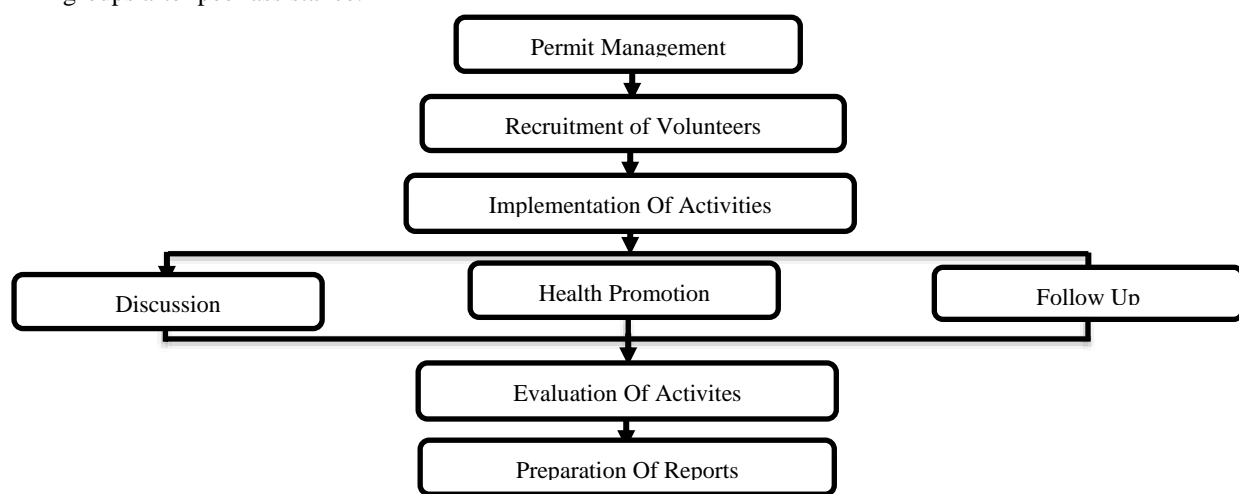


Diagram 1. Organizational Flow

Based on the picture above, the stages of this activity are as follows:

1. Preparation Phase
 - a. Arrangement of permits on the part of the ministry of health / foundation / institution regarding the program to be implemented.
 - b. Recruitment of prospective volunteers who are in danger of smoking.
Determination of volunteers is carried out by the Daily Management Board with the criteria for skilled communication, good personality, active in organizational activities, attractive, popular and slang. The selected peer educators number 30 people from various regions.
 - c. Prepare a work program for the implementation of this organization.
2. Implementation Phase
 - a. Group dynamics
 - b. Health education prevention of the dangers of smoking by discussing
The material conveyed about the facts due to smoking, poisons on cigarettes, the body of a smoker (the body smoker).
 - c. Communication and facilitation techniques
 - d. Evaluation by each volunteer
Evaluation to see increased knowledge and changes in attitudes and thoughts about the dangers of smoking.
 - e. After the submission of all the material, it is continued to plan the next work program.
3. Evaluation Phase
Evaluation of increasing the knowledge and skills of peer educators about the program implemented measured by the success of volunteers in promoting health, namely the danger of smoking.

The first step that needs to be done in carrying out these activities is to ask permission from an agency or institution that will be examined, after obtaining permission from the agency, then this activity or experiment can be carried out. The subject of this study specializes in groups of children or adolescents who are vulnerable to the dangers of smoking and usually do not have the knowledge and minimal information about the dangers of smoking. So the implementation of this research is very suitable to be applied in a school or a youth community. Here the authors suggest doing activities in the school environment.

The next step is to recruit volunteers who are tasked with conducting socialization and education to teenagers in the chosen institute. In the process of recruiting volunteers, they will be selected in advance with various methods in order to get volunteers who truly understand about cigarettes, the dangers and the ins and outs. The chosen volunteers are young people who also join the selected institute. In this stage we can also work with doctors, health experts or other anti-smoking communities that have been formed to help the volunteer selection process. After the selection is complete, the next step is the application of the program. These volunteers can also be called peer educators, because they come from some of the children or adolescents who are in selected institute.

Volunteers (peer educators) first take part in training to improve their knowledge and skills in conducting health education to prevent the danger of smoking to other teenagers, because after being given training the volunteer's knowledge and skills will also increase. This is supported by research conducted by Abduh Ridha which shows that volunteers have better knowledge after attending training. As in the following table:

Table 1. Comparison of the Average Pretest and Posttest Value of Knowledge and Volunteer Attitudes on Cigarette Danger Prevention.

Respondent Group	Average value		Average Increase in Value	P value
	Pretest	Posttest		
Knowledge	9.14	13.36	4.22	0.02
Attitude	42.64	43.21	0.57	0.55

The study involved volunteers totaling 14 people who were the same age as peer groups. The results of this study indicate that there is a difference which means $p = 0.02$ ($p < 0.05$) with the difference in the average at 9.14 pretest and 13.36 posttest. Likewise there was an increase in attitude but the difference in value was not too significant, the difference in mean values at the time of pretest (42.64) and posttest (43.21) did not mean $p = 0.02$ ($p < 0.05$). It can be concluded that voluntary knowledge and attitudes increase compared to before.

The core of this activity is the stage of program implementation, volunteers who have passed the selection educate their teenagers or friends by peer education in a group that can be done by discussion. According to research conducted by Abduh Ridha in the journal *Bulletin Al Ribaath*, Muhammadiyah University Pontianak shows that health education about the prevention of the dangers of smoking by peer educators can increase the knowledge of peer groups (peers). Peer language that is more easily understood in the education process can accelerate peer understanding of the information on the prevention of the dangers of smoking by peer educators (Suharto, et al, 1997).

This is also supported by the volunteer relationship with the group which has a high cohesive nature which strengthens the absorption of messages in increasing group knowledge about the toxins in cigarettes and their effects on the body and the ways that can be done to prevent the use of cigarettes to avoid the dangers of smoking. Peer groups that have a comfortable, relaxed and attractive atmosphere are able to assist adolescents in gaining an understanding of problems and clearer goals. Volunteers who are peers are able to influence knowledge in the prevention of smoking behavior (Green, L. & Kreuter, W. M., 2000). Family Health International also recommends peers to provide correct information about health in preventing unhealthy behavior. The idea was also strengthened by the World Health Organization (WHO) which said that peers were able to influence friends at school to prevent the dangers of smoking.

Peer education activities are supported by health promotion by distributing and explaining posters or pamphlets on preventing the dangers of smoking through personal communication with members in the group and discussions with the whole group. This health promotion activity is carried out in stages so that group members / peers can understand it easily. In the first activity, volunteers explained posters containing hazardous components of cigarettes with personal communication methods for each peer. Then the second is the volunteer explaining about the poster that contains a picture of the body damaged by cigarette poison. Finally, volunteers explain posters about the effects of smoking, factors affecting adolescents or children smoking, as well as smoking prevention efforts and tips for stopping smoking. This effort can run optimally if the volunteer can choose a peer or someone who is already close to him. Then this activity ends with a question and answer session.

If all the steps have been done then the next effort is to make a follow-up effort from this activity that can be done another day. After that, a thorough evaluation of the activities that have taken place, if there are deficiencies that still exist, can be fixed at a later time. And the final step is to prepare a report to present the facts of activities that have occurred and as a guide for the preparation of the next plan of activities.

4. Conclusion

Indonesia is one of the countries with the largest tobacco production in the world and still legalizes its population to smoke. As a result, this creates health problems for Indonesian citizens, especially for children and adolescents who will later become leaders in Indonesia. Then it is necessary to form an anti-smoking community that can provide information, insights, and dangers of cigarettes to realize a healthy generation of Indonesia.

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